PTO/SB/06 (08-03)

U.S. Palent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

PATENT APPLICATION FFF DETERMINATION DECORD

		Substitute for Form PTO-875  APPLICATION FEE DETERMINATION RECORD  Application or Docket No.										
	3 10.073								Application or Dockel Number			
	- }	CLAIMS AS FILED - PART I (Column 1)								100	XXXX	
	+	FOR BASIC FEE	NUMBER FILED		(Column 2)		SMALL ENTITY  RATE FEE  \$  X \$		OR	OTHE SMAL	ER THAN L ENTITY	
	- 1	(37 CFR 1.16(a)) TOTAL CLAIMS			1 - STOCK EXTRA				1	RATE	T	
	- 1 1	(37 CFR 1.16(c))	minus 20 =		Ι.				OR	IWIE	FEE	
	Li	INDEPENDENT CLAIMS (37 CFR 1.16(b))		minus 3 =					OR	\ . · · · · · ·	<del>  '</del>	
	LM	IULTIPLE DEPENDENT CL	411.1				X \$=		.	X 1=	<del> </del>	
					C 1.16(d))		+ 3		OR	X S=	 	
		If the difference in column 1 is less than zero, enter "0" in column 2					TOTAL	1	OR L	+ 5=		
	1	CLAIMS AS AMENDED - PART II							OR	TOTAL		
•		29-05 (Cold	lumn ()							_		
			AIMS AINING	HIG	HEST	umn 3)	· SMALL E	VTITY	OR	OTHER T	THAN	
	12	1 // 9 / AF	TER DMENT	I NU		SENT	RATE	ADĎI:		SMALL EN	ITITY	
	AMENDMENT	Total (37 CFR 1.16(c))		Minus	FOR .	<u></u>	_	TIONAL FEE	ľ	RATE	ADDI.	
		Independent (37 CFR 1.16(b))	7	Ainus	10 -		. 25 =	126	<u> </u>	<del></del>	TIONAL FEE	
	18	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					s/00:	<del>-   °</del>	R - X 1	50	_	
							+ \$ / 80=			200=		
	Ι.						OTAL	OF		360-		
		(Column		(Calum	ın 2). (Column		DO'L FEE	OR	TOT. ADD	AL L FEE		
	5	CLAIM REMAIN	ING	HIGHE: NUMBE	ST T		<del></del>			<b>L</b>		
	AMENDMENT	AFTEF AMENDMI	ENT	PREVIOU PAID FO	SLY EXTRA	" [ [ ]		DDI- DNAL	RA	ATE AS		
	Q Ind	(RRender)	Mino	18	=	<b>┦</b> ├─	F	EE	1	TIO	DDI. DNAL	
. ]	N CO	CFR 1.16(bl)	Minu	i	=	.1 1 —	25 =	OR	x s.5		EE	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))								x:200=			
1	13/100= OR								+36			
L	(Column 1) (Column 2)								TOTAL	<del></del>		
		CLAIMS REMAINING	T	(Column 2) HIGHEST	(Column 3)	<b>-</b>		···	ADD'L F	EE		
		AFTER AMENDMENT		NUMBER PREVIOUSLY	PRESENT	RAT	E ADD					
1 8	[37 CFF	1.16(c))	Minus	PAID FOR	- EXILOX		TIONA		RATE	1 1001	: 1	
AMENIO	Indepe (37 CFR		Minus	411	<b></b> _	x:25		- ·  -		TIONAL FEE		
· 4	FIRST		1 1		-	× \$ 100	D <sub>=</sub>	1 1.	x : 50			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))  + \$\langle BO_{=}  \text{OR}  \text{\$\text{\$\final 200}}  \text{\$\text{\$\text{\$\final 200}}  \text{\$\text{\$\final 200}}   \text{\$\final 200}  \text{\$\text{\$\final 200}}  \$\text{\$\final 2												
TOTAL OR + 360											7	
* If the entry in column 1 is less than the entry in column?: write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. or the "Highest Number Previously Paid For" IN THIS SPACE is less than 3. or the "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3. or the "20".											7	
"" If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".  The "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20".  This collection of information is required by 37 CFR 1.16 The information is the highest number found in the appropriate to the appropriate to the process.												
SPT	O to proce	ess) an analise if	bý 37 CFR	1.16 The infa-	, is the nighest	number found	in the appropri	-1-1 -			1 .	

"If the 'Highest Number Previously Paid For' IN THIS SPACE is less than 3, enter '3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete application form to the USPTO. Time will vary depending upon the individual case. Any comments of time you require to complete this form and/or suggestions for reducing this birden, should be sent to the Chief Information Officer, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.